

# Foster Family Home - Corrective Action Report

Provider ID: 1-509622

Home Name: Marina V. Fernandez, LPN

Review ID: 1-509622-10

91-931 Ihupani Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 12/3/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

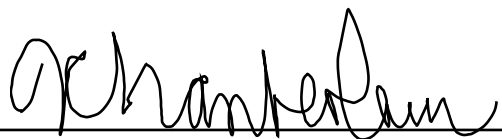
6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required to CTA within 30 days

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home is 5 bedroom, 3 bathroom. The structure of the home does not meet this description (5 bedroom upstairs and 3 bedroom downstairs)  
Possibly additions have been made without a building permit

  
Compliance Manager

  
Primary Care Giver

12/02/20  
Date

12/02/20  
Date

CTA RN Compliance Manager: Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Marina Fernandez

(PLEASE PRINT)

CCFFH Address: 910931 Ihupani Place, Ewa Beach, HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(b)(6)	I bought the home with 8 MLS Beds Full. Half Bath 4.0	12/29/20	I enclosed a copy of the home paper.



All items that were fixed are attached to this CAP

PCG's Signature: Marina Fernandez

Date: 12/29/20



CTA has reviewed all corrected items